# Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER The Governor Gray Davis Committee			Date of This Filing07/09/2002		Date Stamp	CALIFORNIA 497	
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable 962636	9)	Report No.	004		For Official Use Only	
STREET ADDRESS			Amendment to Report No.		Page 1 of 4		
CITY Jakeson	STATE CA	ZIP CODE 54002	(explain below)  No. of Pages	4			
Lata Contribution(a) Dag				_			

#### Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
06/24/2002	FAX.COM Aliso Viejo, CA 92656	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$10,000.00
06/24/2002	Richard W. Taylor Palm Springs, CA 92262	IND COM OTH PTY SCC	Executive Hill & Knowlton, Inc.	\$10,000.00
06/24/2002	GE Corporate Stamford, CT 06905	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$10,000.00

*Contributor Codes	
IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other	PTY - Political Party SCC - Small Contributor Committee

Reason for Amendment:

## Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER The Governor Gray Davis Committee			Date of This Filing 07/09/2002	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 962636		Report No004		For Official Use Only
STREET ADDRESS			Amendment to Report No.	Page 2 of 4	
CITY Jakeson		ZIP CODE 4002	(explain below)  No. of Pages 4		
			·		·

#### Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
06/24/2002	Blue Shield of California San Francisco, CA 94105	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$5,000.00
06/24/2002	Shernoff, Bidart & Darras Claremont, CA 91711	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$5,000.00
06/24/2002	Thomas T. Anderson Indio, CA 92201	IND COM OTH PTY SCC	Attorney Thomas T. Anderson	\$5,000.00

*Contributor Codes	
IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other	PTY - Political Party SCC - Small Contributor Committee

Reason for Amendment:

# Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER The Governor Gray Davis Committee			Date of This Filing07/09/20	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable 962636	2)	Report No		For Official Use Only
STREET ADDRESS			Amendment to Report No.	Page 3 of 4	
CITY Jakeson	STATE CA	ZIP CODE 54002	(explain below)  No. of Pages 4		
Lata Cantalbatian(a) Baa					

#### Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
06/24/2002	San Francisco Deputy Sheriffs' Association Politic San Francisco, CA 94103  ID# 991828	☐ IND ■ COM □ OTH □ PTY □ SCC		\$5,000.00
06/24/2002	Arthur Kassel Beverly Hills, CA 92010	IND COM OTH PTY SCC	Special Assistant Department of Mental Health	\$8,700.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		

*Contributor Codes	
IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC) OTH - Other	SCC - Small Contributor Committee
OTT - Guici	

Reason for Amendment:

## Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER The Governor Gray I	Davis Committee		Date of This Filing07/09/2002	Date Stamp	CALIFORNIA 497
AREA CODE/PHONE	NUMBER	I.D. NUMBER (if applicable) 962636	Report No		For Official Use Only
STREET ADDRESS		Amendment to Report No	Page 4 of 4		
CITY Jakeson		STATE ZIP CODE CA 54002	No. of Pages4		
Late Contri	ibution(s) Made				
DATE MADE		ING ADDRESS AND ZIP CODE OF RECIPIENT OMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTIO	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: